

## Lakewood-Trumbull YMCA Gymnastics Summer Day Camp Physical Health Examination to be Completed by a Physician

*Please use a separate form for each camper.*

Name of camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of last physical (must be within 2 years) \_\_\_\_\_

*This examination is for determining fitness and endurance in potentially strenuous activities. All of the information on this form must be completed and may not be substituted by any shorter form.*

**General Information**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Heart \_\_\_\_\_

**Immunization History:** Please provide confirmation and dates of following immunizations

	Yes	No		Yes	No
<b>Measels</b>			<b>Hepatitis B</b>		
<b>Mumps</b>			<b>Diphtheria</b>		
<b>Rubella</b>			<b>Pertussis</b>		
<b>Chickenpox</b>			<b>Polio</b>		
<b>Tetanus</b>					

**Medical Conditions** please check all that apply:

Has the child ever had, or does he/she now suffer from:

Allergy Requiring EPI-Pen    ADD/ADHD (explain) \_\_\_\_\_

Asthma (inhaler Y/N)    Autism (explain) \_\_\_\_\_

Headaches    Down Syndrome (explain) \_\_\_\_\_

Diabetes (    insulin pump    coverage at camp)    Seizures    High/ Low Blood Pressure

Cerebral Palsy (explain) \_\_\_\_\_

Physical Handicaps (explain) \_\_\_\_\_

Recent or Recovering Fractures

Genetic Disorder (explain) \_\_\_\_\_

Other comments \_\_\_\_\_

**Recommendations**

Special Diet: \_\_\_\_\_ Medication: \_\_\_\_\_

Other: \_\_\_\_\_

**\* Medication Authorization Form must be sent by physician before nurse can give any medications, including over-the-counter.**

**Any Restrictions: Swimming, diving, hiking, climbing, other (Related to Gymnastics)**

**Physical Authorization**

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in an active camp program.

Print name of medical care provider: \_\_\_\_\_

Print address of medical care provider: \_\_\_\_\_

\_\_\_\_\_  
**Signature of physician, APRN or PA** \_\_\_\_\_ **Date** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

